

# Best Available Copy

ISSUE SLIP STAMP AREA (for additional cross-references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J	110710	
O.I.P.E. CLASSIFIER	20	1119	
FORMALITY REVIEW	H-T	913	11/27/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final Original	Date
1	3	6/14/01
2	24	6/14/01
3	24	6/14/01
4	24	6/14/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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jc 65  
11/25